10/518,347   12/17/04   N. Grazier   23347   1626   522	AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Dodic et al.						Docket No. PF4813USW	
COMMISSIONER FOR PATENTS:   Transmitted herewith is an amendment in the above-identified application.   The fee has been calculated and is transmitted as shown below.   CLAIMS AS AMENDED	Application No.	Filing Date	Examiner		Customer N	٥.	Group Art Unit	Confirmation No.
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    CLAIMS REMAINING   HIGHEST # NUMBER EXTRA   RATE   RATE   FEE	10/518,347	12/17/04	N. Grazier		23347	1	1626	5221
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS   24	Invention: PHEN	NYLOXYALKANONIO	C ACID DERIVATIVES	S AS HE	PAR ACTIV	'ΑΊ	ORS	
CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 24 - 24 = 0 x \$50.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392  Any patent application processing fees under 37 CFR 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Jennifer L. Fox, Reg. No. 52,218  Attorney for Applicants  ClaxoSmithKline Five Moore Drive, PO Box 13398  Research Triangle Park, NC 27709-3398  Telephone: (919) 483-6334  Facsimile: (919) 483-7988  Signature of Person Multing Correspondence is being deposited by the United States Postal Service with sufficient positions of PD. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.86]    Dated   Signature of Person Multing Correspondence is Signature of Person Multing Correspondence of Person Multing			n the above-identified a	pplication				
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT TOTAL CLAIMS 24 - 24 = 0 x \$50.00 Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment. Please charge Deposit Account No. In the amount of A check in the amount of I cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Any patent application processing fees under 37 CFR 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Jennifer L. Fox, Reg. No. 52,218 Attorney for Applicants ClaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-6334 Facsimile: (919) 483-7988  Signature of Person Multing Correspondence on the communication of the United States Postal Service with sufficient postal class mail in an envelope addressed to "Commissioner for P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.86)  Signature of Person Multing Correspondence of the communication of Person Multing Correspondence of the Commissioner for Person Multing Correspondence of Person Multing Corre	The lee has been d	Zaiculateu ariu is traris			)	_		
AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE  TOTAL CLAIMS 24 - 24 = 0 x \$50.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392  Any additional fling fees required under 37 C.F.R. 1.ft.  Any patent application processing fees under 37 C.F.R. 1.ft.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Jennifer L. Fox, Reg. No. 52,218  Attorney for Applicants  ClaxoSmithKline  FEE  O								ADDITIONAL
TOTAL CLAIMS  24				1			RATE	
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT    No additional fee is required for amendment.	INDEP. CLAIMS	1 -	3 =		0	х	\$200.00	\$0.00
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Signature of Person Multing Correspondence		or is hereby authorizedation or credit any over diditional filling fees recatent application processory credit card. Form Proceedings in this form. Provide Signature eg. No. 52,218 icants PO Box 13398 Park, NC 27709-3398 483-6334	d to charge payment of prpayment to Deposit Ac juried under 37 C.F.R. essing fees under 37 CI FO-2038. form may become pu credit card informatio	the folloccount 1.16. FR 1.17 blic. Con and Dated	owing fees a: 07-1392  7.  redit card in authorizatio  1: Chacteristics with the card states Promail in an ervel cox 1450. Alexan	for n o	mation should be provided as a correspondence of Service with surface suffice with surface service service service service service service with surface service se	d not be . is being deposited with fficient postage as first mimissioner for Patents,
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